



City of Milwaukee Recording Program

OPERATOR RESIGNATION FORM

SECTION 1: OPERATOR

PLEASE TYPE OR PRINT IN INK!

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company

Last Name or Business Name or Organization Name First Name MI Jr., III, etc. Date of Birth: ____/____/____
(Month/Day/Year)

House Number Dir Street Street Type City State Zip Code

Check One: **ADDRESS** - **Home** () **PHONE** - **Home** (____) ____-____
Business () **Business** (____) ____-____

**REGISTERED AGENT
FOR CORPORATION,
LIMITED PARTNERSHIP
OR LIMITED LIABILITY
COMPANY**

Last Name First Name MI Wis. Corp. Div. I.D. #

Effective ____/____/____ I, _____, will no longer be the operator for the
Date (Print Name Please)
property listed below and (if more than one) on the attached sheet for this owner.

Operator's Signature _____ Date ____/____/____

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number () House Number Dir Street Name Street Type
(ST,PL,RD,etc.)

Zip Code # Residential Units Additional Property List for Same Owner
Number of Properties on Attached list

SECTION 3: PROPERTY OWNER

Check One: ☐ Person ☐ Corporation, Limited Partnership, or Limited Liability Company ☐ Other (specify) _____

Owner : _____
Last Name or Business Name or Organization Name First Name MI Jr., III, etc.

House Number Dir Street Street Type City State Zip Code

Check one: () Home Address () Business Address

Telephone Numbers: Home (____) ____-____ Business (____) ____-____

Ownership Type: () Titleholder () Land Contract Purchaser () Other - list _____

**If you have any questions or need assistance in completing this form,
call the Department of Building Inspection at (414) 286-8569.**

**Mail form to: Dept. of Building Inspection, Property Recording Program
841 N. Broadway 10th Floor
Milwaukee, WI 53202-3613**